

## Recommendation Form

**Date:** September 18<sup>th</sup> 2020

**Case Synopsis:**

Description of the client (e.g., demographics, education, employment, primary source of income, social support, etc.)

21-year-old male, enrolled in pre-health program at college but did not attend, was planning to start firefighting program and later considered nursing. Has worked in jobs in factories and restaurants; disorganization has sometimes led to termination. Lives at home with parents and 19-year-old sister. Family involved in care.

Description of the suspected psychiatric diagnoses, substance use, and current presenting concerns. Also include relevant developmental, social, and family history.

Onset of psychosis in the context of heavy cannabis use after a significant loss. Had 2 brief hospitalizations and treatment at Pinewood for addictions and connected with EPI. Diagnosis of psychosis NOS, cannabis use disorder, generalized anxiety disorder, and past cannabis. Was minimally engaged since early 2020 although his parents continued to receive support. Reconnected during a hospitalization after a series of brief hospitalizations in September. Current symptoms of aggression, emotional lability, delusions of persecution, disorganization and recent use of alcohol and cannabis.

Supporting information, safety concerns, medical conditions, 6-point wellness check, etc.

Denied suicidal thoughts, but had placed himself in high risk situations in past (laying in middle of road). He recently expressed suicidal ideation to his parents, and also had threatened harm to his mother and himself on a different day.

Past/present treatment interventions, as well as the client’s current goals for treatment and strengths that will support them to work towards their treatment goals.

Started on olanzapine in hospital and then switched to paliperidone IM 100 mg q4weeks. Reduced to 75 mg in June 2019 and had last dose in January 2020. Paliperidone helped with positive symptoms although some negative symptoms persisted. Weight gain of ~ 5 kg while taking. Recently restarted on paliperidone.  
 Started 8 IRT modules and completed the orientation module.  
 Had some SEE support after quickly dropping out of college program; helped with CV.  
 Family has had family support, having attended the group and been provided the details of the CAMH online course “Empowering Family Members Affected by Substance Use and for Psychosis.”

Reason for case consultation and any specific questions that the provider would like answered.

**How do you engage with someone who does not identify with having a diagnosis of psychosis?**

How do you work within the context of a mental health care system with such a high threshold for forming patients, when it is often a revolving door? With clients whose very insight is so impaired? (often labelled substance induced therefore not viewed as serious or as deserving)

## Summary of Recommendations:

Recommendation: description of recommendation.

*Elaborating on recommendation, and clarifying information (e.g.; where to access scales, monitoring required when prescribing medication, etc.):*

The interface between mental health and the law can be challenging: clinicians and families often feel helpless when they see the patient as not having insight and not receiving helpful treatment. Physicians at Consent and Capacity Board hearings typically represent themselves without the expertise or training of a lawyer.

The psychiatrist presenting to the Consent and Capacity Board hearing can call other clinicians and family members to testify, which can provide useful information.

Community treatment orders can help ensure patients who consent or are found incapable to consent to a CTO and have a consenting substitute decision maker continue to receive treatment.

Here are some resources on mental health and the law from some CAMH experts including our legal counsel Kendra Naidoo:

1. Podcast on mental health legislation (note that the link is labelled for a different podcast but should take you to the right place):  
<https://www.psychedpodcast.org/blog/2017/3/4/psyched-episode-2-treatment-of-depression-with-dr-sidney-kennedy-7gxwm-xgjyc-ta48k-rltkf-enjef-jx432-w6mba-x5dfe-kdjrm-cmdzj-h2ztc-lz5f9-974xj-pxlpw-whjjs-pdtzg-fhzt6-28spn>
2. Ontario resource: [A Practical Guide to Mental Health and the Law in Ontario Revised Edition, September 2016](#)
3. [Tips for completing the Form 1 under the Mental Health Act, by Patricia Cavanagh, MD FRCPC](#)

For clinicians particularly interested in CTOs, CAMH's eenet has an online self-directed course, and the accompanying "Ask the Expert" session for the course with Kendra Naidoo happens to be on Friday September 25! See below for the course and to sign up for the Q&A: <https://www.eenet.ca/initiative/CTO#about>

When a patient lacks insight, a helpful approach can be to "catch them where they're at," working on patient-identified goals. The IRT clinician can help identify these through goal-setting exercises and the goals can also involve other NAVIGATE clinicians (e.g., SEE). They can also work with the patient to identify some of the underlying issues that have led to their current difficulties (e.g., attachment and relationship issues leading to substance use). It can also be helpful to validate the patient, help them feel heard, cared for and supported. While the principles of IRT can be extremely helpful in engaging patients, being handed "the binder" can feel overwhelming, and it might help to start 1 module at a time depending on "where they're at."

One of our spoke member suggested looking at Xavier Amador's approach to educating families on how to engage their loved ones in care. His book "I Am Not, I Don't Need Help" is available as a PDF on the National Alliance on Mental Illness website: [https://www.nami.org/getattachment/Learn-More/Mental-Health-Conditions/Related-Conditions/Anosognosia/I\\_am\\_not\\_sick\\_excerpt.pdf?lang=en-US](https://www.nami.org/getattachment/Learn-More/Mental-Health-Conditions/Related-Conditions/Anosognosia/I_am_not_sick_excerpt.pdf?lang=en-US)

## Follow-up

If it would be helpful to have some further discussion and consultation regarding this case, please consider bringing it back to ECHO EPI-SET in the next month. To do so, please connect with: Brannon Senger ([brannon.senger@camh.ca](mailto:brannon.senger@camh.ca)) and Andrea Alves ([andrea.alves@camh.ca](mailto:andrea.alves@camh.ca)).